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Facility Name SEQUOIT HARBOR MARINA Contact BOB SMITH Class: 5X28

EPA Permit IL-097-5X28-0027 State Permit # Permit Type Rule Authorized

Well Name IL-097-5X28-0027 - 1 of 1 Well Status Active Well Status Date 7/12/2006

County Tribal Name

Monitoring	Tests								
<p>Add Report Report History</p>	<table border="1"> <thead> <tr> <th>Category</th> <th>Type</th> <th>Date</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td colspan="4">Add Test</td> </tr> </tbody> </table>	Category	Type	Date	Result	Add Test			
Category	Type	Date	Result						
Add Test									

Inspections	Violations				
<table border="1"> <thead> <tr> <th>Type</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Facility Inspection (temporary)</td> <td>2/10/2006</td> </tr> </tbody> </table> <p>Add Inspection</p>	Type	Date	Facility Inspection (temporary)	2/10/2006	<p>Add Violation Add Enforcement</p>
Type	Date				
Facility Inspection (temporary)	2/10/2006				

Class V Information

Construction Type

Source

Treatment Type

Fluids Discharged

[Save](#) [Cancel](#)

A. Area of Review Methods

What is the AOR based on?

[Save](#) [Cancel](#)

B. Maps of Wells : Area of Review

Does the topographic map show all of the required features? (The map should include all surface features man-made or natural, and subsurface features such as mines, wells, and known faults)

Are there topographic maps that extend one-mile beyond the property boundary that depict the facility and each of its intake and discharge structures, hazardous waste treatment, storage, or disposal facilities; each well where fluids from the facility are injected; and those wells, springs, and other surface water bodies and drinking water wells listed in the public records within a 1/4 mile.

Is there a list of all of the land owners within the AOR?

Surface elevation of the wellsite

The elevation is based on

[Save](#) [Cancel](#)

[Select](#)

C. Corrective Action Plan and Well Data

Number of wells that are temporarily abandoned

Is the construction adequate?

Number of wells that are plugged and abandoned

Is the construction adequate?

Number of wells that are producers

Number of wells that are injectors

Is the construction adequate?

Number of Other Wells

Is the construction adequate?

Is there a corrective action plan?

Number of wells that penetrate into or through the confining zone

 D. Maps and Cross-sections of USDWs

Formation name of lowest USDW:

Is there a stratigraphic column that shows all USDWs?

Depth to base of lowest most USDW(ft)

Method for USDW determination

50 Characters Left

F. Maps and Cross-sections of the geologic structure of the area

Is there a regional cross-section map and structure contour map

Is there a site specific cross-section map and structure contour map

	Injection Interval	Confining Zone
Formation Name	<input type="text"/>	<input type="text"/>
Lithology	<input type="text"/>	<input type="text"/>
Depth to Top (ft)	<input type="text"/>	<input type="text"/>
Depth to Bottom (ft)	<input type="text"/>	<input type="text"/>
Permeability (md)	<input type="text"/>	<input type="text"/>
Porosity (%)	<input type="text"/>	<input type="text"/>

What is the separation between the top of the injection zone and the base of the USDW?

Were the presence and extent of natural or induced fractures in the injection and confining zones adequately investigated?

 H. Operating Data

The injectate is

Injection Rate Unit

Method used to determine maximum injection pressure

Method(calculation) that was used to determine maximum injection pressure

Source of fracture gradient

Fracture gradient

Maximum expected injection rate(gpm)

Maximum enforceable injection rate(gpm)

Maximum specific gravity of injectate

Add Safety Factor For Specific Gravity?

Friction Allowance

Technical basis for friction allowance

Maximum injection pressure(r5_max_inj_press)

pH range

Does the corrosion monitoring comply with 40 CFR part 146.68(c)?

Is corrosion monitoring required

What is the composition of the annulus fluid

 I. Formation Testing (for new wells only)

Does the formation testing proposed meet CFR 146.12 (d) and (e) [for non-haz] or 146.66 [for haz] or 146.32(b) [Class III]?

Are there adequate procedures for acquiring formation pressures above the injection interval?

Are there adequate sampling and analysis procedures for the first aquifer overlying the confining zone?

Will there be coring?

☒

Proposed method for determining fracture gradient

 J. Stimulation Program

Is a stimulation proposed

☒ **K. Injection Procedures**

Is there a plant plan that shows the stream flow lines?

☒

Are there descriptions of any filters, storage tanks, and/or pretreatment?

☒

What is the storage tank capacity?

What is the rate capacity of the pumps?

What is the pump capacity type?

(None) ☒

Is an alarm system proposed?

☒

What are the alarm thresholds?

The shut-off system will be

(None) ☒

What are the shut-off thresholds?

 L. Construction Procedures

Is this a new well, existing or a conversion

(None) ☒ **M. Construction Details**

	Pipe/Hole set				Number of sacks of cement	Cemented	
	From top (ft)	To base(ft)	Pipe Size(in)	Hole Size(in)		From top(ft)	To base(ft)
Conductor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surface Casing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intermediate Casing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long String Casing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Liner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Perforated Section	<input type="text"/>	<input type="text"/>					
Open Hole	<input type="text"/>	<input type="text"/>		<input type="text"/>			
Packer depth		<input type="text"/>					
Tail Pipe depth		<input type="text"/>					
What is the plug back total depth?		<input type="text"/>					
What is the total depth of the well?		<input type="text"/>					
Is the packer set 100 ft or less above the injection zone?							
Tubing material		<input type="text"/>					
Tubing size		<input type="text"/>					

 O. Plans for well failure

Is the contingency plan adequate?

Yes ☒

What actions are proposed if MI is lost?

shut-in, notify EPA, CP & **P. Monitoring Program**

Where is the sample located?

At the well head ☒

Is there an adequate description of source(s) of waste?

☒

Is there a representative of waste analysis?

☒

What's the frequency of physical and chemical monitoring?

What's the frequency of monitoring reports?

Is a ground water monitoring plan included?

Please describe waste recharacterization.

Is QA/QC adequate?

Is WAP adequate?

Is the monitoring and recording system for injection pressure, flow rate, volume, and annulus pressure adequate?

Q. Plugging and Abandonment Plan

How many plugs will be used to plug the well?

Signed estimate of plugging and abandonment costs (and post-closure costs, if applicable) by an independent firm

Estimated Plugging Cost

Date the plan was signed

Date of 3rd Party Plugging Cost Estimate

R. Necessary Resources

Available Mechanisms

Selected Mechanisms

S. Aquifer Exemptions

Is the company asking for an aquifer exemption?

Aquifer Name

T. Existing Permits

List Existing permits and permit numbers

List outstanding permit applications

U. Description of Business

Business description

225 Characters Left

V. Compliance with other Federal Acts

Any designated wild and scenic rivers within the AOR?

If so, what are they?

Has the permit writer evaluated whether there are endangered or threatened species in the AOR?

Are there any listed species in the AOR?

Will the permit need an ESA Clause?

Was the Historic Preservation Office contacted?

Are there historic resources present?

Is the well located in a coastal zone?

If yes, then has the permit writer contacted the State Coastal Management Program in writing?

Does the permit application call for the diverting, impounding, deepening or controlling any surface water body in excess of 10 acres?

EJ number

X. Confidentiality

Has any part of this permit application been declared confidential by the operator?

Other	
<div>Comments</div> <div> <div></div> <div>500 Characters Left</div> </div>	
<div>Update Cancel</div>	
<div>Review Completion</div>	
Reviewer	Select
Signature Date	
<div>Update Cancel</div>	

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Facility	SEQUOIT HAROR MARINA
Permit	IL-097-5X28-0027
State Permit #	<input type="text"/>
Aquifer Exempt	Unknown <input type="button" value="v"/>
Aquifer Name	<input type="text"/>
High Priority	Yes <input type="button" value="v"/>
Well Class	5X28
Well Status	Active <input type="button" value="v"/>
Status Date	7/12/2006
State or Tribe Code	IL
Is Well in SWA	Sensitive <input type="button" value="v"/>
Well Name	IL-097-5X28-0027 - 1 of 1
Well Site	<input type="text"/>
Contact	BOB SMITH
Location Information	
Latitude	<input type="text"/>
Longitude	<input type="text"/>
Township	<input type="text"/>
Range	<input type="text"/>
Section	<input type="text"/>
Qtr Section	<input type="text"/>
Accuracy Value	Don't Know <input type="button" value="v"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

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Permit Information		Wells	
EPA Permit#:	IL-097-5X28-0027	IL-097-5X28-0027 - 1 of 1	Tech Review Edit Well
State Permit#:			
Permit Writer:	SIMMONS LILLY		
Authorization Status:	Rule Authorized		
Ownership Type:	Private Business or other for-profits		
Permit Status			
Comments:			
Date Received:			
Attachments			

Tracking			
Add New	<input type="text" value="Select"/>	<input type="button" value="Add"/>	

Contact			
BOB SMITH	ANTIOCH	IL	99999

Facility
SEQUOIT HAROR MARINA 1000 W IL RT 173 ANTIOCH, IL 60002

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Facility Name	<input type="text" value="SEQUOIT HAROR MARINA"/>
Address	<input type="text" value="1000 WIL RT 173"/>
City	<input type="text" value="ANTIOCH"/>
State	<input type="text" value="IL"/>
Zip	<input type="text" value="60002"/>
Petition Status	<input type="text" value="Select"/>
Facility Type	<input type="text" value=""/>
NAICS Code	<input type="text" value=""/>
SIC Code	<input type="text" value="Select"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Enforcement Actions

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Facility: SEQUOIT HAROR MARINA Permit: IL-097-5X28-0027 Well: IL-097-5X28-0027 - 1 of 1

Assistance

Inspection Type

Deficiency

Inspection Date

ICIS Reason

ICIS Type

ICIS Activity Type

ICIS Regional Priorities

ICIS MOA Priority

Initiative

Description

255 Characters Left

Start Date

Planned/Conducted Measurements
for Activity

Completion Date

Num Entity

Assist to a small
Entity

Inspector Name

Corrections

Type

Comments

Date

